

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	P00345-US1
First Named Inventor	Kevin A. McCullough
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERMALLY CONDUCTIVE ELECTRONIC DEVICE CASE

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/168,411	12/01/1999	<input type="checkbox"/>

[Page 1 of 2]

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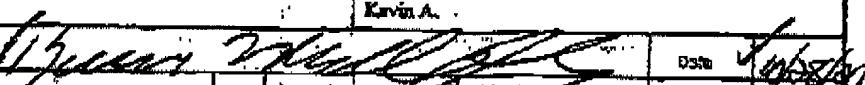
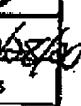
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION—Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(d) of any PCT international application designating the United States of America, listed below and, if claim is the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application to the Examiner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which becomes available between the filing date of the prior application and the material or PCT International filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/10 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to represent all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 003017 <input type="checkbox"/> Prosecution Customer Number and/or Case Number 12001404 <input type="checkbox"/> Registered practitioner(s) name/registration number (list if below)			
Name	Registration Number	Name	Registration Number
David R. Josephs	34,632	Stephen J. Holmes	34,631
<input type="checkbox"/> Additional registered practitioner(s) name/registration number/Prosecution Customer Number and/or Case Number 12001404 Direct correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label 003017 OR <input checked="" type="checkbox"/> Correspondent's address below			
Name	David R. Josephs		
Address	Barlow, Josephs & Holmes, Ltd.		
Address	101 Dyer Street, Suite 302		
City	Providence	State	RI
County	US	Telephone	401-273-4446
<input type="checkbox"/> I hereby declare that all statements made herein of my own knowledge and true and correct statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1541 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor Given Name (first and middle if any) <input type="checkbox"/> Family Name or Surname McCULLOUGH <input type="checkbox"/> Kevin A.		
Inventor's Signature	 Date 		
Residence: City	Warwick	State	RI
Post Office Address	11 Tiernan Avenue		
Post Office Address			
City	Warwick	State	RI
<input type="checkbox"/> Additional inventors are being named on the <input type="checkbox"/> Supplemental Additional Inventor(s) sheet(s) PTO/SB/10A attached hereto		ZIP	02886
		Country	US

[Page 2 of 2]

Please type or print sign (+) inside this box →

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
				Page <u>1</u> of <u>1</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)				Family Name or Surname			
E. Michael				Signature			
Inventor's Signature				Date <u>11/28/00</u>			
Residence City	Watertown	State	MA	Country	US	Citizenship US	
Post Office Address	8 Gill Road						
Post Office Address							
City	Watertown	State		ZIP	02472	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)				Family Name or Surname			
James D.				Miller			
Inventor's Signature				Date <u>11/28/00</u>			
Residence City	Marietta	State	GA	Country	US	Citizenship US	
Post Office Address	3251 Running Cedar Drive						
Post Office Address							
City	Marietta	State	GA	ZIP	30062	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)				Family Name or Surname			
Inventor's Signature				Date			
Residence City		State		Country		Citizenship	
Post Office Address							
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